

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/937,772
Filing Date	02/11/02
First Named Inventor	Barry, C. Marvin
Group Art Unit	1746
Examiner Name	Stinson, Frankie L.
Total Number of Pages in this Submission	18
Attorney Docket Number	CDM/7708.9999

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee transmittal form
<input checked="" type="checkbox"/> Fee attached

<input checked="" type="checkbox"/> Amendment
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s)

<input checked="" type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing Related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address

<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of Cd(s)

Remarks: | <input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosures (identify below)

Check in the sum of \$1,060; return acknowledgment postcard |
|--|--|---|

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

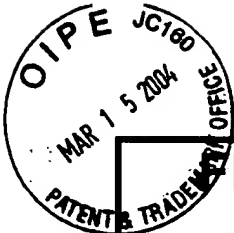
Firm or Individual Name	Charles D. McClung
Signature	
Date	March 10, 2004

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

- ☒ with sufficient postage as first class mail
☐ as "Express Mail Post Office to Addressee" - mailing label no. _____

Type or print name	Charles D. McClung		
Signature		Date	March 10, 2004



EE TRANSMITTAL for FY 2004

Effective 10/1/ 2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$1,060

Complete If Known

Application Number 09/937,772

Filing Date 02/11/02

First Named Inventor Barry, C. Marvin

Examiner Name Stinson, Frankie L.

Art Unit 1746

Attorney Docket No. CDM/7708.9999

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number 03-1550

Deposit Account Name Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to:(check all that apply)

☐ Charge fees indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20	**= 0 x 18	= 0	0
Indep. Claims 3	**= 0 x 86	= 0	0
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				\$0

**or number of previously paid, if greater. For reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge-late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex-parte reexamination	
1804 920	1804 920	Requesting publication of SIR prior to Examiner action	
1805 1,840	1805 1,840	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	950
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
110		Terminal Disclaimer	110
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt.	
8021 40	8021 40	Recording each patent assignment per property (times no. of properties) - total assignments	
1809	2809	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			\$1,060

SUBMITTED BY

Complete (if applicable)

Name (print type) Charles D. McClung

Registration No. 26,568

Telephone (503) 227-5631

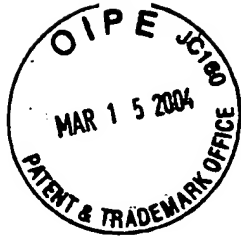
Signature

Date

March 10, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

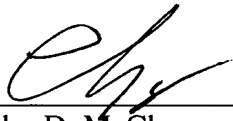
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 10, 2004.

Dated: March 10, 2004



Charles D. McClung